

PATENT APPLICATION SERIAL NO. 10/518409

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

12/28/2004 LLANDGRA 00000103 10518409

01 FC:1631	300.00	OP
02 FC:1632	500.00	OP
03 FC:1633	200.00	OP
04 FC:1681	250.00	OP

~~02 FC:1632~~

~~-500.00 OP~~

Refund Ref:  
05/24/2005

0030022104

Credit Card Refund Total: \$100.00

Am Exp.: XXXXXXXXXXXX1002

02 FC:1632

-500.00 OP

5/24/05 AJohnson 2 SALE 1642A  
400.00

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>24 May 05</u>		2 Serial/Patent # <u>10/518409</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 90%;">Filing</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">               10. REASON:               <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/></td><td>Overpayment</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table> </td> <td style="width: 50%; padding: 5px;">               Treasury Check   <input checked="" type="checkbox"/> Credit Deposit A/C #:               <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">9</td> <td style="width: 10%;">1</td> <td style="width: 10%;">5</td> <td style="width: 10%;">--</td> <td style="width: 10%;">0</td> <td style="width: 10%;">0</td> <td style="width: 10%;">3</td> <td style="width: 10%;">0</td> </tr> </table> </td> </tr> </table>				10. REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/></td><td>Overpayment</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>	<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	Treasury Check  <input checked="" type="checkbox"/> Credit Deposit A/C #: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">9</td> <td style="width: 10%;">1</td> <td style="width: 10%;">5</td> <td style="width: 10%;">--</td> <td style="width: 10%;">0</td> <td style="width: 10%;">0</td> <td style="width: 10%;">3</td> <td style="width: 10%;">0</td> </tr> </table>	9	1	5	--	0	0	3	0				
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